

2612  
PATENT  
450100-02700

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

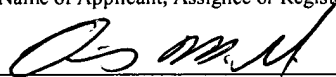
Applicant(s) : Takayuki NAKAJIMA et al.  
Serial No. : 09/658,046  
For : IMAGE PICKUP APPARATUS AND IMAGE PICKUP METHOD  
Filed : September 8, 2000  
Examiner : James M Hannett  
Art Unit : 2612

2612  
PA 5/25/04

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 11, 2004.

**Dennis M. Smid, Reg. No. 34,930**  
(Name of Applicant, Assignee or Registered Representative)

  
Signature

May 11, 2004

Date of Signature

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MAY 21 2004

Technology Center 2600

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of February 12, 2004, please amend this application as follows.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Takayuki NAKAJIMA et al.  
Serial No. : 09/658,046  
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745 Fifth Avenue  
New York, NY 10151

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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MAY 21 2004

Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	10	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

May 11, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

Dennis M. Smid  
Reg. No. 34,930  
Tel: 212-588-0800